Effective on 12/08/		Complete if Known					
Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818).			Application Number 10/523			.481	
FEE TRANSMITTAL For FY 2009			Filing Date 01/31/			<u> </u>	
			First Named Inventor   COUT			URIER, Jean-Luc	
			Examiner Name HUHN			<del></del>	
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1796				
TOTAL AMOUNT OF PAYMENT	JNT OF PAYMENT (\$) \$1,920.00			Attorney Docket No. FR-AM1878NP			
METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):							
Deposit Account Deposit Account Number: 012717 Deposit Account Name: 31684							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee							
Charge any additional fee(s) or any underpayments of Credit any overpayments							
fee(s) under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E	XAMINATION FEE	ES					
FILING	FEES	SEARCI		E	XAMIN	ATION FEES	
Application Type Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	F	ee (\$)	Small Entity Fee (\$)	Fees Paid(\$)
Utility 330	165	540	270		220	110	T goo T did(y)
Design 220	110	100	50		140	70	
Plant 220	110	330	165		170	85	
Reissue 330	165	540	270		650	325	
Provisional 220	110	0	0		0	0	
2. EXCESS CLAIM FEES Fee Description						Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 (including Reissu	ies)					52	26
Each independent claim over 3 (inclu	•					220	110
Multiple dependent claims						390	195
						<u>Multiple</u>	Dependent Claims
<u>Total Claims</u> <u>Extra Clair</u>	<u>ns Fee (\$)</u>		Fee Paid (\$)			<u>Fee (\$)</u>	Fee Paid (\$)
- 20 or HP =	x <u>\$52.</u> 0	<u>00</u> _ =					
HP ≈ highest number of total ctaims paid fo Indep. Ctaims Extra Clair	•		Fe <u>e</u> Paid ( <u>\$)</u>				
-3 or HP =	<del></del>		\$0.00				
HP ≈ highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$) Fee Paid (\$)</u>							
- 100 = / 50 (round up to a whole number) x <u>\$270.00</u> =\$0.00							
4. OTHER FEE(S)  Fee Paid (\$)							
Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Cont. Exam. (RCE), 3 month extension of time. \$1,920.00							
SUBMITTED BY							
Signature #	Beef _		gistration No. orney/Agent)	310	00	Telephone	215-419-5270
Name (Print/Type)	Steven D. 1	Boyd, Es	sq.			Date	April 22, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.